FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010640 (8)

1. Corporation Name
201 CORPORATION

Principal Place of Business
3109 N.W. 27TH AVE
MIAMI FL 33142

Mailing Address
P.O BOX 420769
MIAMI FL 33242

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 11/17/1995

2. Principal Place of Business
21 3109 N.W. 27 Ave.
Suite, Apt. #, etc.
22
City & State
23 Miami, Fl.
Zip
24 33142
Country
25 U.S.A.

2a. Mailing Address
26 P.O. Box 420769
Suite, Apt. #, etc.
27
City & State
28 Miami, Fl.
Zip
29 33242
Country
30 U.S.A

4. FEI Number: 65-0476320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, GILBERTO A
3109 N.W. 27TH AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: Orlando Lopez
82 Street Address (P.O. Box Number is Not Acceptable): 3109 N.W. 27 Ave.
83
84 City: Miami, FL
85 Zip Code: 33142

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] Orlando LOpez D DATE 2-21-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ, MANOLO 3109 N.W. 27TH AVE MIAMI FL 33142 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEREZ, SIXTOO 3109 N.W. 27TH AVE MIAMI FL 33142 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERNANDEZ, GILBERTO F 3109 N.W. 27TH AVE MIAMI FL 33142 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERRE-LOUIS, FERNAND F 3109 N.W. 27TH AVE MIAMI FL 33142 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFONSO, HERIBERTO F 3109 N.W. 27TH AVE MIAMI FL 33142 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D GONZALEZ, CRISTOBAL 3109 N.W. 27 Ave. Miami, Fl. 33142 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, ENRIQUE F 3109 N.W. 27TH AVE MIAMI FL 33142 ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D LOPEZ, ORLANDO 3109 N.W. 27 Ave Miami, Fl. 33142 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Orlando Lopez D 2-21-96 305 885 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)